Town of Williamsburg

Dog License Application

Section I - Dog Owner Information					
Name:	Pho	ne:	Email:		
Street Address:					
Section II: Dog License Information					
Name of Dog:					
Breed and/or Color Markings:					
Rabies Tag:					
License Number:					
License Expiration Date:					
Signature of Dog Owner:					
Complete Section below for Second Dog (if more than 2 dogs, complete and attach another form)					
Name of Dog:					
Breed and/or Markings:					
Rabies Tag:					
License Number:					
License Expiration Date:					
Signature of Dog Owner:					
Section III: This Section to be Completed by Town Personnel					
Total Amount Paid:		[Date of Application	:	
Type of Payment (Circle One):	Cash	Check	Money Order	Debit Card	
Signature of Issuer:			Date:		
ignature of Code Enforcement Officer:			Date:		